



Immediate Replacement of Lost Payroll Check Form

Payee Name and Address

Name _____

Current Address _____

City _____ State _____ Zip _____

Information Provided by the Payee

I, the Payee, confirm that I am unable to locate the payroll check referenced below and request that the State of Utah, Division of Finance, issue a replacement check.

Information Provided by the State Agency

Prepared By	Agency	Division	Phone
Payee Social Security No.	Check Number	Check Amount	Check Date
Please Indicate How Replacement Check Will Be Delivered (Mark One)			
<input type="radio"/> Picked Up	<input type="radio"/> Mailed	<input type="radio"/> Mail in attached envelope	<input type="radio"/> Put check with payroll

I the Agency Representative, request that a replacement check be issued immediately; and understand that as a convenience to the agency and the employee, it will be issued before the *bank stop payment* is in place. If both the original payroll check and the replacement check are cashed, the agency is responsible and the loss will be offset against the employee's next paycheck or charged to the agency. **(If the Agency prefers the *bank stop payment* be in place before the replacement check is issued, complete *Lost Check Replacement* form, FI 12)**

Signature of Agency Representative _____

Date _____

Mail Completed Form To:

Division of Finance
Accounting Operations
1140 State Office Building
Salt Lake City, Utah 84114

Or Fax Completed Form To: (801) 538-3562

For Division of Finance Use Only

Duplicate Check Number	Date Mailed/Released